



County of Fairfax
Department of Tax Administration

www.fairfaxcounty.gov/dta
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Fairfax, Virginia 22035-0029
Phone: 703-222-8234 Fax: 703-324-3505

2011

Retain yellow copy for your records

Transient Occupancy Tax*
for Fairfax County

Ch. 4, Article 13, Code of the County of Fairfax

* Do not use this filing form for hotels located within the Towns of Clifton, Herndon or Vienna. For town hotels, please use filing form TOT-CHV.

Owner Name: _____ For the Qtr/Month Ending: _____

Trade Name: _____ Account Number: _____

Business Address: _____

Mailing Address: _____

Receipts are for the quarter ending: ____ March 31 ____ June 30 ____ Sept. 30 ____ Dec. 31

1. Gross Rentals – Private Room Rentals 1 _____

2. ALLOWABLE DEDUCTIONS (add lines 2a through 2c) 2 _____

2a. Exempt rentals (over 30 consecutive days) _____

2b. Refunds of rentals included in gross rentals above _____

2c. Refunds on rentals from previous report(s) _____

3. Net Rentals (subtract line 2 from line 1) 3 _____

4. TAX DUE (4 percent of line 3) 4 _____

5. PENALTY 5a _____

5a. Compute penalty (5 percent of line 4) if report is
postmarked later than 30 days following the end
of the quarter.

5b. Tax plus penalty (add lines 4 and 5a) 5b _____

6. INTEREST 6 _____

Compute interest (see chart) for
each month or portion thereof that
the report is late.

Interest Computation

1-30 Days Late: Line 5b times 0.42%

31-60 Days Late: Line 5b times 0.84%

61-90 Days Late: Line 5b times 1.26%

7. TOTAL AMOUNT DUE TO FAIRFAX COUNTY (add lines 5b and 6) 7 _____

(Enclose a check payable to Fairfax County for the exact amount. Mail check and form to the address at the top of the form.)

Returns postmarked later than 30 days after the closing date of the quarter reported above will be assessed a 5 percent penalty. Willful refusal to file a tax return is subject to criminal penalties.

Subject to Va. Code, §58.1-3907, I hereby certify this return has been examined by me and is, to the best of my knowledge, a true, correct, and complete return.

Name and Title _____ Signature _____

Date _____ E-mail _____ Telephone _____

For Office Use Only

FFX General TOT - Use Payclass Code (4020)

FFX Tourism - Use Payclass Code (4024)

Qtr/Month Ending _____

Date Received _____ Received By _____

September 2010

DTA Form - TOT- FCO